

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155792		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/24/2012	
NAME OF PROVIDER OR SUPPLIER  COUNTRYSIDE MEADOWS LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 762 N DAN JONES RD AVON, IN 46123			
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F0000	<p>This visit was for the Investigation of Complaint IN00108486.</p> <p>Complaint IN00108486-Substantiated. Federal /state deficiencies related to allegation(s) are cited at F279 and F323.</p> <p>Survey dates: May 23, 24, 2012</p> <p>Facility number: 012534 Provider number: 155792 AIM Number: 201028420</p> <p>Survey team: Lora Brettnacher, RN, TC Christi Davidson, RN</p> <p>Census bed type: SNF: 21 SNF/NF: 88 Total: 109</p> <p>Census by payor type: Medicare: 21 Medicaid: 52 Other: 36 Total: 109</p> <p>Sample: 4</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>		F0000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and request a Desk Review in lieu of a Post Survey review on or after 6/23/12.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/06/2012

FORM APPROVED

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	Quality review completed 6/5/12 by Jennie Bartelt, RN.						

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F0279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on record review and interview, the facility failed to revise the resident's comprehensive plan of care based on the results of assessments for 1 of 3 residents reviewed for care plan revision in a total sample of 4. (Resident B)</p> <p>Findings include:</p> <p>Resident B's record was reviewed on 5/23/2012 at 12:30 P.M. Resident B was admitted on 5/19/2011 and had current diagnoses which included, but were not limited to, hypertension, diabetes type II,</p>		F0279	<p>This provider uses the results of the assessment to develop, review and revise the resident's comprehensive care plan. The facility develops a comprehensive care plan for each resident that includes measurable objectives and time tables to meet a resident's medical, nursing and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as</p>		06/23/2012	

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	<p>congestive heart failure, chronic obstructive pulmonary disease (COPD), acute renal insufficiency, vascular dementia with behavioral disturbances, pacemaker, anxiety, depression, urinary tract infection, hypoxia, and recurrent pneumonia. Resident B was alert with periods of confusion.</p> <p>Resident B's current signed physician's rewrite orders dated for 5/1/2012 through 5/31/2012 indicated she had activity orders to be up with assist/walker. A readmission Minimum Data Assessment Tool (MDS), dated 2/20/12, indicated Resident B required extensive assistance with two persons physical assist for toilet use, transfers, and bed mobility. She required extensive assistance with once person physical assist for personal hygiene, walking in room and the corridor. A 2/25/2012 MDS indicated Resident B did not walk in or out of her room and required extensive assistance of two staff for toilet use, transfers, and bed mobility. A 30 day MDS, dated 3/10/2012, indicated she did not walk in her room, required extensive assistance of two staff for bed mobility, transfers, and toilet use. A quarterly MDS, dated 3/17/2012, indicated she required extensive assistance of two staff for bed mobility, transfers, toilet use, and personal hygiene. She required assistance</p>		<p>required.WHAT CORRECTIVE ACTIONS WILL BE ACCOMPLISHED. Resident B is no longer residing in the facility.HOW WILL YOU IDENTIFY OTHER RESIDENTS. Current residents that reside in the facility have the potential to be affected by the alleged deficient practice. Care plans have been updaed to reflect the results of the fall risk assessments that were completed on resident's currently residing in the facility. Care plans are reviewed and updated on a quarterly basis and with any significant change in resident status. Care plans and aide assignment sheets will be updaed during routine care plan meetings and during the morning clinical meeting as needed to reflect the current plan of care for each resident.WHAT MEASURES WILL BE LPUT INTO PLACE. Resident's that are admitted to the facility will have a care plan initiated that reflects the results of the fall risk assessment. Fall risk assessments will be completed by the MDS staff/designee to ensure that the results of each assessment are reflected on the plan of care. Car elan meetings will be held for each resident at a minimum of every quarter and with any significant changes with plan of care updates being made during these meetings. This meeting will include review of the most recent fall risk assessment.</p>				

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	<p>of one staff for mobility off the unit once in a wheel chair. A significant change MDS, dated 5/11/2012, indicated she did not ambulate, required extensive assist of two staff for transfers, bed mobility, toilet use, and personal hygiene.</p> <p>Resident B's current care plan originally dated 1/3/2012, and last updated 5/10/2012, indicated she was a fall risk due to decreased mobility with osteoporosis and increased risk of fractures, weakness, pain, incontinence, medications, history of her exercising her right to not wear or use gait belt, related diagnoses listed included: COPD, congestive heart failure (CHF), Diabetes, Atrial fibrillation, dementia, anemia, history of cerebral vascular accident, anxiety, and cognition. A goal for no injury related to falls was listed. Approaches included: assist with transfers between surfaces and provide appropriate assistive devices such as walker, resident up ad lib with walker.</p> <p>An Interdisciplinary Progress Note, dated 4/16/2012-9:30 P.M., indicated the Interdisciplinary Team had met to review Resident B's fall risks. This note indicated the team had determined Resident B required total assistance with bathing, dressing, grooming and two person assist with bed mobility and</p>		<p>The clinical team will review all falls in the morning meeting and make changes to the care plan and aide assignment sheet at this time to reflect the current status and needs of each resident. IDT team will be re-educated on revising the resident's comprehensive plan of care and aide assignment sheet based on the results of the assessments by the nursing consultant on or before 6/23/12. HOW THE CORRECTIVE ACTIONS WILL BE MONITORED. A CQI audit tool named "Assessments" will be utilized by the DNS and or designee to monitor compliance. Audits will be completed weekly for four weeks, monthly for two months, and quarterly thereafter for at least two quarters until compliance is achieved. Results of the evaluations/process will be presented to the CQI committee monthly to review for the compliance and follow up. Identified non-compliance may result in development of action plans and staff re-education. COMPLIANCE DATE 6/23/12</p>				

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	<p>transfers. Resident B did not attempt to get up independently. PT/OT (physical therapy/occupational therapy) completed. Will D/C (discontinue) personal alarm to bed/chair after review of chart, staff and overall status.</p> <p>An Interdisciplinary Progress Note dated 5/11/2012-10:30 A.M. indicated the Interdisciplinary Team had reviewed a fall which occurred on 5/10/2012 at 6:25 P.M. This note indicated the Certified Nursing Assistant (CNA) was preparing to assist Resident B to bed. Resident B was sitting in the wheel chair near the bed. Resident B propelled herself toward the bed and fell to the floor. Resident B hit her head on the floor landing on the left side of her arm. Resident B was assessed, steri-strips applied, 911 called, and her family and doctor notified. Immediate interventions to be put in place included an orthopedic follow-up and a wedge cushion in the wheel chair.</p> <p>A nurse's note, dated 5/11/12-1:09 A.M., indicated Resident B returned to the facility from being discharged from the hospital. Lacerations were noted to forehead sideways in a V shape. Stitches had been applied at hospital. A bruise to her right upper outer arm and right knee, and right eye were noted. Resident B had a cast on her left arm and bilateral splints</p>						

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	<p>in place. Resident B complained of pain and a PRN (as needed) pain medicine was given. A nurse's note, dated 5/11/2012 - 10:00 A.M., indicated Resident B's laceration to forehead measured approximately 4.1 cm (centimeters) by 7.2 cm with 16 sutures noted. Resident B rated her pain 4/10. A nurse's note, dated 5/11/2012-12:00 P.M., indicated Resident B complained of pain to her left wrist and right shoulder. Resident B rated her pain a 7 on a 1-10 scale. She was given pain medicine. A care plan, dated 5/10/2012, indicated Resident B sustained a left wrist fracture from this fall.</p> <p>During an interview on 5/24/2012 at 10:15 A.M., the Assistant Director of Nursing (ADON) indicated CNA (Certified Nursing Assistant) #10 was in the room alone with Resident B. She had taken her to the toilet by herself, took out her dentures, put on her pajamas, transferred her back to the wheelchair alone, pushed her over by the bed then went back to the bathroom. She did not see Resident B fall but heard her fall and the nurse outside of the room heard the fall at the same time and came in to assist with Resident B. The ADON explained this is why the fall report indicated it was an unwitnessed fall. At this time the ADON was interviewed about the last several MDSs, which indicated Resident</p>						

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	<p>B required the assistance of two staff for transfers, toileting, and bed mobility, and the current care plan that currently indicated she could be up with a walker ad lib and did not contain any interventions of the need for two staff for bed mobility, toileting, and transfers, wedge cushion in wheelchair, or to be in close proximity to staff while in the wheel chair. The ADON was unable to provide an explanation as to why the care plan had not been updated to reflect the current assessed needs of the resident.</p> <p>During an interview on 5/24/12 at 11:20 A.M., the Unit Manager indicated the CNAs (Certified Nursing Assistants) were given daily sheets with information on the assessed needs of residents. They originated from the care plan but were updated from daily meetings and the 24 hour report sheets. She indicated the facility did not save the forms and because Resident B had been discharged she was unable to provide documentation of her assignment sheets.</p> <p>During an interview on 5/24/2012 at 12:10 P.M., the Administrator indicated the facility did not have any additional information which indicated Resident B's care plan had been revised to reflect her current needs and interventions to prevent falls.</p>						



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	<p>This federal tag is related to Complaint IN00108486.</p> <p>3.1-35(b)(1) 3.1-35(d)(2)(B)</p>						

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F0323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on record review and interview, the facility failed to ensure each resident received adequate supervision and assistance to prevent accidents for 1 of 3 residents reviewed for the prevention of accidents (Resident B).</p> <p>Findings include:</p> <p>Resident B's record was reviewed on 5/23/2012 at 12:30 P.M. Resident B was admitted on 5/19/2011 and had current diagnoses which included, but were not limited to, hypertension, diabetes type II, congestive heart failure, chronic obstructive pulmonary disease (COPD), acute renal insufficiency, vascular dementia with behavioral disturbances, pacemaker, anxiety, depression, urinary tract infection, hypoxia, and recurrent pneumonia. Resident B was alert with periods of confusion.</p> <p>Resident B's current signed physician's rewrite orders, dated for 5/1/2012 through 5/31/2012, indicated she had activity order's to be up with assist/walker.</p>		F0323	<p>It is the practice of this provider to ensure that the resident environment remains free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. WHAT CORRECTIVE ACTION. Resident B is no longer residing in the facility. HOW WILL YOU IDENTIFY OTHER RESIDENTS Current resident's residing in the facility have the potential to be affected by the alleged deficient practice. Fall risk assessments for current resident's residing in the facility have been updated to reflect current and accurate resident information. Current resident's identified as being at risk for fall have had their comprehensive are plans and aide assignment sheets reviewed to ensure that they reflect the current resident needs and accurate and implemented interventions and risk factors. WHAT MEASURES WILL BE PUT IN PLACE. Resident's admitted to the facility who are at risk for falls will have a fall risk assessment completed and a care plan initiated to reflect current resident needs and</p>		06/23/2012	

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	<p>Review of A readmission Minimum Data Assessment Tool (MDS), dated 2/20/12, indicated Resident B required extensive assistance with two person physical assist for toilet use, transfers, and bed mobility. She required extensive assistance with once person physical assist for personal hygiene, walking in her room and the corridor. A 2/25/2012 MDS indicated Resident B did not walk in or out of her room and required extensive assistance of two staff for toilet use, transfers, and bed mobility. A 30 day MDS, dated 3/10/2012, indicated she did not walk in her room, required extensive assistance of two staff for bed mobility, transfers, and toilet use. A quarterly MDS, dated 3/17/2012, indicated she required extensive assistance of two staff for bed mobility, transfers, toilet use, and personal hygiene. She required assistance of one staff for mobility off unit once in a wheel chair. A significant change MDS, dated 5/11/2012, indicated she did not ambulate, required extensive assist of two staff for transfers, bed mobility, toilet use, and personal hygiene.</p> <p>Review of Resident B's current care plan, originally dated 1/3/2012, and last updated 5/10/2012, indicated she was a fall risk due to decreased mobility with osteoporosis and increased risk of fractures, weakness, pain, incontinence,</p>				<p>accurate information. Fall risk assessments will continue to be updated quarterly and as needed with results of the assessments updated on the plan of care. CNA assignments sheets and care plans will be updated and revised in the morning clinical meeting and available to all staff caring for the resident's. Nurse managers or charge nurses will conduct rounds on each shift to ensure aide assignment sheets are being followed. Nursing staff will be re-educated by the SDC/designee on ensuring resident's receive adequate supervision and assistance to prevent accidents on or before 6/23/12 HOW THE CORRECTIVE ACTION WILL BE MONITORED. A CQI audit tool named "Fall Management" will be utilized by the DNS and /or designee to monitor for compliance with fall interventions. Audits will be completed weekly for four weeks, monthly for two months, and quarterly thereafter for at least two quarters until compliance is achieved. Results of the evaluations/processes will be presented to the CQI committee monthly to review for compliance and follow up. Identified non-compliance may result in development of action plans and staff re-education. COMPLIANCE DATE 6/23/12</p>		

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	<p>medications, history of her exercising her right to not wear or use a gait belt, related diagnoses listed included: COPD, congestive heart failure (CHF), diabetes, atrial fibrillation, dementia, anemia, history of cerebral vascular accident, anxiety, and cognition. A goal for no injury related to falls was listed. Approaches included: assist with transfers between surfaces and provide appropriate assistive devices such as walker, resident up ad lib with a walker.</p> <p>An Interdisciplinary Progress Note, dated 4/16/2012-9:30 P.M., indicated the Interdisciplinary Team had met to review Resident B's fall risks. Resident B required total assist with bathing, dressing, and grooming and two person assist with bed mobility, and transfers. Resident B did not attempt to get up independently. PT/OT (physical therapy/occupational therapy) completed. Will D/C (discontinue) personal alarm to bed/chair after review of chart, staff and overall status.</p> <p>An Interdisciplinary Progress Note, dated 5/11/2012-10:30 A.M., indicated the Interdisciplinary Team reviewed a fall which occurred on 5/10/2012 at 6:25 P.M. This note indicated the Certified Nursing Assistant (CNA) was preparing to assist Resident B to bed. The resident was</p>						

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	<p>sitting in the wheel chair near the bed. Resident B propelled herself toward the bed and fell to the floor. Resident B hit her head on the floor landing on the left side of her arm. Resident B was assessed, steri-strips applied, 911 called, and family and doctor notified. Interventions to be put in place included an orthopedic follow-up and a wedge cushion in the wheel chair.</p> <p>A nurse's note, dated 5/11/12-1:09 A.M., indicated Resident B had returned to the facility from being discharged from the hospital. A laceration was noted to her forehead sideways in a V shape. Stitches were applied at the hospital. A bruise to her right upper outer arm, right knee, and right eye were noted. Resident B had a cast on her left arm and bilateral splints in place. Resident B complained of pain and PRN (as needed) pain medicine was given. A nurse's note, dated 5/11/2012 - 10:00 A.M., indicated Resident B's laceration to her forehead measured approximately 4.1 cm (centimeters) by 7.2 cm with 16 sutures noted. Resident B rated her pain a 4 on a 1/10 scale. A nurse's note, dated 5/11/2012-12:00 P.M., indicated Resident B complained of pain to her left wrist and right shoulder. Resident B rated her pain a 7 on a 1-10 scale. She was given pain medicine. A care plan dated 5/10/2012 indicated</p>						

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	<p>Resident B sustained a left wrist fracture from this fall.</p> <p>During an interview on 5/24/2012 at 10:15 A.M., the Assistant Director of Nursing (ADON) indicated on 5/10/2012, CNA (Certified Nursing Assistant) #10 was in the room alone with Resident B. She had taken her to the toilet by herself, took out her dentures, put on her pajamas, transferred her back to the wheelchair alone, pushed her over by the bed then went back to the bathroom. She did not see Resident B fall but heard her fall and the nurse outside of the room heard the fall at the same time and came in to assist with Resident B. The ADON explained this is why the fall report indicated it was an un-witnessed fall. At this time the ADON was questioned about the last several Minimum Data Assessments (MDS) which indicated Resident B required the assistance of two staff for transfers, toileting, and bed mobility, and the current care plan that still indicated she could be up with a walker ad lib and failed to contain interventions of the need for two staff for bed mobility, toileting, transfers, a wheel chair wedge cushion, or the need to be in close proximity to staff while up in the wheel chair. The ADON was unable to provide an explanation as to why the care plan had not been updated to reflect the current assessed needs of the</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155792		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/24/2012	
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	<p>resident or information which indicated the facility evaluated or implemented interventions, including adequate assistance and supervision consistent with Resident B's assessed needs during transfers and toileting prior to or after her fall on 5/10/2012 which resulted in injury.</p> <p>During an interview on 5/24/12 at 11:20 A.M., the Unit Manager indicated the CNAs (Certified Nursing Assistants) were given daily sheets with information on the assessed needs of residents. They originated from the care plan but were updated from daily meetings and the 24 hour report sheets. She indicated the facility did not save the forms. Because Resident B had been discharged, she was unable to provide documentation of her assignment sheets which indicated CNA #10 was aware of Resident B's fall risk or the need for two staff to assist with transfers and toileting.</p> <p>This federal tag is related to Complaint IN00108486.</p> <p>3.1-45(a)(2)</p>						